

WORKFORCE SERVICES

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MONTHLY INCOME & EXPENSE RECORD

DATE COMPLETED: _____

NAME: _____

DATE UPDATED: _____

This field can be left blank to be completed at a later date when reviewed (i.e. at semester time).

INCOME SOURCE	PRESENT AMOUNT
Earned #1 -	
Earned #2 -	
Other Income – (SS, retirement, child support, etc.)	
TOTAL	

MONTHLY EXPENSES	PRESENT AMOUNT
Rent/Mortgage	
Gas/Propane, Natural Gas	
Electric	
Water/Sewage/Garbage	
Telephone (Cell and / or landline)	
Life Insurance and Health Insurance	
Car Insurance	
Installment loan with	
Installment loan with	
Charge Account	
Charge Account	
Food-Grocery Store	
Transportation (gasoline, oil changes)/ Bus Pass	
Medical (doctor, dentist, eye care, prescriptions)	
Daycare	
Lunches, snacks, coffee, etc.	
Cable TV (including pay per view and video rental)	
Dry cleaning, laundry	
Education expenses (including books)	
Pet expenses	
Barber/hair salon	
Allowances (including children)	
Cigarettes/beverages (including alcoholic)	
Newspaper/magazines, etc.	
Entertainment (including babysitting expense)	
Fast Food	
Clubs, sports, hobbies	
New clothing/shoes	
College Funds	
Gifts-Birthdays, anniversaries	
Other Expenses	
TOTAL	

_____ = \$ _____
Total Net Income **Total Expenses** **(Zero or Negative requires note)**

Savings / other accessible source of Income for consideration	
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This is a record of the last month of your income. This gives DLR a clear picture of your current financial situation. Some expenses are not uniform from month to month, in this case please enter your best estimate. Your answers will not disqualify you from participating.